

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Nursing Facilities
HMOs and Other
Managed Care
Programs

Completing the Request for Title XIX Care Level Determination form

This *Update* clarifies instructions on filling out the Request for Title XIX Care Level Determination (DSL-2256) form. This information is provided in response to questions received regarding documenting proof of Medicaid eligibility since the implementation of the Forward card.

Procedure clarified to prevent forms being returned for lack of proof of Medicaid eligibility

The Division of Health Care Financing has worked with the Division of Supportive Living, Bureau of Quality Assurance (BQA) to reduce the number of DSL-2256 (request) forms returned to providers because no documentation was submitted as proof of Medicaid eligibility. To prevent the return of request forms, the BQA will accept the following examples as proof of Medicaid eligibility:

- Eligibility verification vendor response printouts (i.e., card-reader printouts or PC software screen prints).
- Direct Information Access Line with Updates for Providers (Dial-Up) screen prints.
- A copy of the recipient's Notice of Decision from the certifying agency.

However, if you *do not* have access to printed documentation, your request form will still be processed provided the recipient's most recent Medicaid eligibility start date and original admission date are present and the request form is filled out properly.

It is important to continue to submit documentation of Medicaid eligibility dates with the request form if it is available to you. It is not necessary to send a copy of the Forward card.

If an individual's application for Medicaid is pending, the BQA will not act on a care level request and it will be rejected. The person must be eligible at the time the request is submitted.

Additional tips to speed the request process

Check the correct box

To expedite the processing of your request, make sure all information is current and legible on the request form. Providers *must check one* of the following six boxes listed under "Reason for Request":

- *New admission.* Check this box when the recipient already has Medicaid eligibility at the time he or she is admitted into the facility.

- *MA established while in facility.* Check this box if the recipient was not Medicaid eligible at the time of admission but is subsequently found eligible even if the eligibility is backdated prior to the admission date.
- *Care level change* (if this box is checked, you must also indicate current care level).
- *OBRA exception for short-term stay* (if this box is checked, you must also indicate number of days for exception).
- *MA waiver application.*
- *MA waiver annual re-certification.*

Required dates

In the space provided on the request form, make sure to indicate the following with each request:

- The date of the original admission.
- The date the recipient's Medicaid eligibility began.

Common errors

The first two reasons for requests, "New admission" and "MA established while in facility," have the highest rate of return because an inappropriate box has been checked.

Another common reason for return is in the box relating to "Requested level of care." Make sure to:

- Check the requested level of care (LOC).
- Fill in the effective date.

The LOC effective date cannot be prior to either the admission date or the Medicaid effective date.

The Attachment to this *Update* contains examples of admission and Medicaid eligibility date scenarios. Please note that additional information is required to fully complete care level requests.

For more information

Questions on completing the DSL-2256 form should be directed to your regional BQA office.

Nursing homes that have forms returned for lack of Medicaid eligibility documentation should contact Provider Services at (800) 947-9627 or (608) 221-9883.

Questions on completing the DSL-2256 form should be directed to your regional BQA office.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Examples of the
“Request for Title XIX Care Level Determination” form
are on the following pages